



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

November 20, 2014

Loretta Kunch
402 3rd Ave SW
State Center, IA. 50247

Dear Child Care Provider,

This letter is in regards to the October 9, 2014 compliance check of your Level B, Registered Child Development Home. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

☐ 110.4 No more children are in care than the rules for the specific category will allow.

WHEN I STARTED MY SPOT CHECK YOU HAD 5 CHILDREN IN CARE. BY THE COMPLETION OF MY VISIT YOU HAD 18 KIDS IN CARE. I HAVE ATTACHED TWO WORKSHEETS TO ASSIST YOU WITH MAINTAINING APPROPRIATE CAPACITY LEVEL FOR CATEGORY B. IF YOU ARE FOUND TO BE OUT OF COMPLIANCE AGAIN IN THIS AREA OR MULTIPLE AREA THIS CAN BE GROUNDS FOR REVOCATION.

☐ 110.5(1)a Numbers for each child's parent, physician, and a responsible person are accessible by the phone.

YOU NEED TO HAVE NUMBERS FOR EACH CHILD'S PARENT, PHYSICIAN AND A RESPONSIBLE PERSON THAT YOU ARE RESPONSIBLE TO PROVIDE CARE FOR AT YOUR HOME POSTED AND AVAILABLE.

☐ 110.5(1)q All dogs and cats have annual examinations. Records of the exams are on file and must verify that routine immunizations are current and animal is free of endo and ecto parasites.

YOU NEED DOCUMENTATION OF ANNUAL EXAMS AND SHOT RECORDS FOR YOUR PETS. THEY JUST HAD SHOTS IN AUGUST.

☐ 110.5(2)a A physician's signed statement of health and immunization status on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every three years.

A PHYSICIAN'S SIGNED STATEMENT OF HEALTH & IMMUNIZATION STATUS ON LORETTA AND JEFF ARE NEEDED.

☐ 110.5(2)b Two hours of approved child abuse and neglect mandatory reporter training (and every 5 years thereafter.)

DOCUMENTATION OF 2 HOURS APPROVED CHILD ABUSE AND NEGLECT MANDATORY REPORTER TRAINING IS NEEDED FOR LORETTA.

☐ 110.5(2)b Certification by an approved trainer/organization in infant and child first-aid that includes mouth-to-mouth resuscitation. Certification will be maintained throughout period of registration. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.

DOCUMENTATION OF CERTIFICATION IN INFANT & CHILD FIRST AID TRAINING & CPR.

☐ 110.5(2)c An individual file is maintained for each staff assistant and contains:

FOR SUBSTITUTE JEFF, YOU NEED DOCUMENTATION IN HER FILE OF PHYSICIAN'S SIGNED STATEMENT OF HEALTH & IMMUNIZATION.

☐ 110.5(2)c Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years.

DOCUMENTATION OF 2 HOURS APPROVED CHILD ABUSE & NEGLECT MANDATORY REPORTER TRAINING FOR JAMIE.

☐ 110.5(2)d An individual file is maintained for each substitute and contains:

☐ 110.5(2)d A completed DHS Criminal History Record Check, form B, 595-1396.

☐ 110.5(2)d A completed Request for Child Abuse Information, form 470-0643

☐ 110.5(2)d A physician's signed statement of health of at the time of employment and at least every three years thereafter.

☐ 110.5(2)d Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years.

DOCUMENTATION OF 2 HOURS APPROVED CHILD ABUSE & NEGLECT MANDATORY REPORTER TRAINING & CPR.

☐ 110.5(2)d Certification in infant and child first aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.

DOCUMENTATION OF CERTIFICATION IN INFANT & CHILD FIRST AID TRAINING & CPR.

☐ 110.5(8)b Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name number, telephone number, and relationship to the child of another adult available in case of emergency.

YOU NEED TO ENSURE THAT YOU HAVE EMERGENCY INFORMATION FOR EACH CHILD ON YOUR ROSTER.

☐ 110.5(8)c A signed medical consent from the parent authorizing emergency treatment.

THIS IS NEEDED.

☐ 110.5(8)d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance.

YOU ARE MISSING THIS INFORMATION FOR 4 OF THE CHILDREN (INFANS & PRESCHOOLERS) ON YOUR ROSTER,

☐ 110.5(8)d For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian.

FOR SCHOOL AGED CHILDREN YOU ARE MISSING IT FOR 9 CHILDREN ON YOUR ROSTER.

☐ 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually.

YOU ARE MISSING THIS INFORMATION FOR 3 OF THE CHILDREN (INFANT & PRESCHOOLERS).

☐ 110.5(8)e For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical.

YOU ARE MISSING THIS INFORMATION FOR 10 CHILDREN (SCHOOL AGED) ON YOUR ROSTER.

☐ 110.5(8)f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.

YOU ARE MISSING THIS INFORMATION FOR 1 CHILD ON YOUR ROSTER.

☐ 110.5(8)g A signed and dated immunization certificate provided by the state department of public health.

YOU ARE MISSING THIS INFORMATION FOR 10 CHILDREN ON YOUR ROSTER.

☐ 110.5(8)h For each school-age child, record of a physical exam completed at the time of school enrollment or since.

YOU ARE MISSING THIS INFORMATION ON 9 CHILDREN ON YOUR ROSTER.

☐ 110.9(1)c Not more than four additional school-age children.

YOU HAD 13 SCHOOL AGE CHILDREN ARRIVE WHILE I WAS COMPLETING YOUR SPOT CHECK.

☐ 110.9(1)d Not more than two children who are receiving care on a part-time basis at any one time.

YOU WERE UNABLE TO PROVIDE DOCUMENTATION OF PART TIME HOURS AND A TOTAL OF 18 CHILDREN WERE PRESENT

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration.

Please take whatever steps are necessary to completely address each of the

violations noted above. It is essential you correct all above-mentioned violations within the next 45 days.

X ☐ Based on the items out of compliance listed above, you will be required to have a recheck or follow up visit to your home. This visit will occur after the 45 day time period has elapsed.

Please do not hesitate to contact me at DHS at 319-292-2360 if you have any questions regarding this letter.

Sincerely,

Patricia Smart
Social Worker II

Natalie Clapp

Social Work Supervisor

Department of Human Services

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 641-650-1532.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://dhs.iowa.gov/sites/default/files/CC_Professional_Development.pdf and you can sign up for training at <http://ccmis.dhs.state.ia.us/trainingregistry/>

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).